

Certification #: _____

Commonwealth of Virginia

Small Business Certification/Recertification Application

Print or Type

Firm's Legal Name

Mailing Address

Physical Address (If different from your mailing address)

City State

City State

Zip Code

Zip Code

Telephone Number

Fax Number

E-Mail

Contact Person

Title

Federal ID #

Social Security
(Use **ONLY** if you don't have a Federal ID#) DUNS # _____

ANSWER ALL QUESTIONS

1. Describe the firm's major field(s) of operation. _____

2. Please provide the NIGP Commodity Codes that best describes your business _____
3. Date Business Started _____
4. Is this company registered with the Virginia Corporation Commission? ____ Yes ____ No
5. Is this company registered with eVA? ____ Yes ____ No
6. Ownership Type:
Sole Proprietorship _____ Partnership _____ Corporation _____
Limited Liability Company _____ Limited Liability Partnership _____ Joint Venture _____
7. In what state is your company business incorporated? _____
8. Ownership Information

Name of Owner(s)	Address

9. Affiliate Information

Affiliate Name and Address	Ownership title or Relationship with Affiliate	Affiliate Ownership %	Affiliation Date		Employees	
			Start	End	Yes (#)	No

THIS FORM MUST BE NOTARIZED

The undersigned attests that my small business enterprise is independently owned and operated, and together with affiliates, has 250 or fewer employees, or average gross receipts of \$10 million or less averaged over the previous three years.

The undersigned attests that this form has been completed as directed and that the information contained herein is true and accurate to the best of my knowledge. I understand that any information willfully falsified or omitted may result in the firm being disbarred from bidding on State contracts for a period of up to two years and in prosecution under Commonwealth of Virginia fraud statutes and liability to attendant civil or criminal penalties.

Any company seeking certification with the Commonwealth's Department of Minority Business Enterprise must execute a notarized affidavit stating this business is small and understands that additional information may be requested.

Signature of President, Owner or Managing Partner

Printed Name

Title _____

Date _____

Phone _____

NOTARY

City/County of:	State:
Notary Public:	When does Commission Expire?

Subscribed and Sworn before me this ____ day of _____, 20 ____.

Notary seal

Return completed registration form to:

Virginia Department of Minority Business Enterprise
200-202 N. 9th St, 11th Floor
Richmond, VA 23219
Questions can be directed to: (804) 786-6585

For Agency Use Only

Approved _____ Date _____ Int. _____

Disapproved _____ Date _____ Int _____

SWAM Certification # _____

DO NOT WRITE IN THIS SPACE